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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	30310-US-548
First Named Inventor	MAYEUX, Jerry V.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	March 10, 2004
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PAIN BALM

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/453,548	03/10/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05179	OR	<input checked="" type="checkbox"/> Correspondence address below
<p>Name Deborah A. Peacock</p>					
<p>Address PEACOCK, MYERS & ADAMS, P.C.</p>					
<p>Address P.O. Box 26927</p>					
City Albuquerque		State NM	ZIP 87125-6927		
Country US		Telephone (505) 998-1500		Fax (505) 243-2542	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Jerry V. (first and middle [if any])			Family Name Mayeux or Surname		
Inventor's Signature			Date		
Residence: City Deming		State NM	Country US	Citizenship US	
Mailing Address HC 66 Box 74					
Mailing Address					
City Deming		State New Mexico	ZIP 88030	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country	Citizenship	
Mailing Address					
Mailing Address					
City		State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	March 10, 2004
First Named Inventor	MAYEUX, Jerry V.
Title	PAIN BALM
Group Art Unit	
Examiner Name	
Attorney Docket Number	30310-US-548

I hereby appoint:

Practitioners at Customer Number

05179

Place Customer
Number Bar Code
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OR

Practitioner(s) named below:

Name	Registration Number
Deborah A. Peacock	Reg. No. 31,649
Vidal A. Oaxaca	Reg. No. 44,267

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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<input checked="" type="checkbox"/> Firm or Individual Name	Deborah A. Peacock		
Address	PEACOCK, MYERS and ADAMS, P.C.		
Address	P.O. Box 26927		
City	Albuquerque	State	New Mexico
Country	US		
Telephone	505-998-1500	Fax	505-243-2542

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Jerry V. Mayeux
Signature	
Date	, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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PATENT APPLICATION

I hereby certify that this transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 via Label No. EV402863628US, on March 10, 2004, addressed to:

MAIL STOP: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 10, 2004.



Michael C. Houck, Paralegal

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. :
Applicant : MAYEUX, Jerry V.
Filed : March 10, 2004
Title : PAIN BALM

Docket No. : 30310-US-548
Confirmation No.

Mail Stop: PATENT APPLICATION
Commissioner for Patents
United States Patent and Trademark Office
PO Box 1450
Alexandria, Virginia 22313-1450

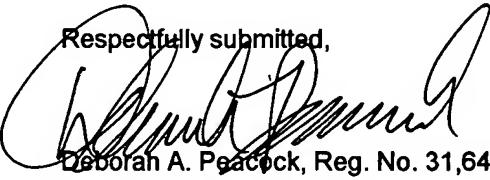
ASSOCIATE POWER OF ATTORNEY

Dear Sir:

Deborah A. Peacock, a principal attorney in the above-identified application for Letters Patent, hereby appoints as associate attorneys with full power:

Jeffrey D. Myers, Reg. No. 35,964
Paul Adams, Reg. No. 21,096
Rod D. Baker, Reg. No. 35,434 and
Stephen A. Slusher, Reg. No. 43,924 and
Vidal A. Oaxaca, Reg. No. 44,267.

Respectfully submitted,



Deborah A. Peacock, Reg. No. 31,649
Direct line: (505) 998-1501

Date: March 10, 2004

Attorney for Applicant(s)
PEACOCK, MYERS & ADAMS, P.C.
P.O. Box 26927
Albuquerque, New Mexico 87125-6927
Telephone: (505) 998-1500
Facsimile No. (505) 243-2542
Customer No. 005179